

C-4

EPA General Permit WAG130000 - Annual Report



**Annual Report of
Operations for Year
2020**

**To comply with NPDES General Permit No. WAG130000 for Federal
Aquaculture Facilities and Aquaculture Facilities Located in Indian
Country within the Boundaries of the State of Washington**

NPDES # for your Facility:

WAG130000¹⁹

Facility & Owner Information

Facility Name:

Spokane Tribal Fish Hatchery

Operator Name (Permittee):

Spokane Tribe of Indians

Address:

PO Box 100
Wellpinit, WA. 99040

Email:

timpeone@spokanetribe.com

Phone:

509-258-7297

Owner Name (if different from operator):

Email:

Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

ICFS
4/6/21
JS

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 42,000

Pounds of food fed to fish during the maximum month: 18,660

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
Rainbow Trout	9,265 lbs	Spokane Indian Reservation inland Lakes	March to June
Rainbow Trout	34,450 lbs	Lake Roosevelt	March to June
Kokanee Salmon	12,797 lbs	Lake Roosevelt	March

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	35,145	9,750	July	10,856	7,170
February	43,697	12,090	August	19,946	4,890
March	35,147	15,840	September	22,632	9,870
April	22,466	11,520	October	8,440	7,500
May	25,968	8,310	November	10,663	2,520
June	16,819	10,800	December	25,431	3,990

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
Fish Mortalities	Monthly	Reservation Landfill
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
None			
Additional Comments:			

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

None

Inspections & Repairs for Production & Wastewater Treatment Systems

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired
Weekly	None Needed	Solid waste settling basin
Weekly	None Needed	Production pumps, screens

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
Yes <input checked="" type="checkbox"/> No	Azithromycin
Yes <input checked="" type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Chlorine
Yes <input checked="" type="checkbox"/> No	Draxxin
Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input checked="" type="checkbox"/> Yes No	Florfenicol (Aquaflor)
Yes X No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
Yes <input checked="" type="checkbox"/> No	Hormone - describe:
Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
Yes X No	Iodine: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Oxytetracycline
Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
Yes <input checked="" type="checkbox"/> No	Romet
Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
Yes <input checked="" type="checkbox"/> No	Sodium Chloride - salt
Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
Yes No	Other:
Yes No	Other:

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Aquaflor		Generic Name: Florfenicol	
Reason for use: Bacterial Coldwater			
Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): 1%	Total quantity of formulated product used in past year (specify units): 924 lbs	
Date(s) of treatment: 7/23-8/1/2020 9/28-10/7/20			Total number of treatments in past year: 2
Maximum daily volume of treated water: 45,482	Treatment concentration (specify units): 15 mg/kg	Duration and frequency of treatment(s): Daily for 10 days	
Method of application: Static Bath Flow-through		<input checked="" type="checkbox"/> Medicated Feed Other (describe):	
Location in facility chemical was used (check all that apply):	<input checked="" type="checkbox"/> Raceways Incubation building	Ponds Off-line settling basin	Other (describe):
Where did water treated with this chemical go? (check all that apply):	Discharged w/o treatment <input checked="" type="checkbox"/> Settling basin	Septic System Publicly owned treatment works	Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

Brand Name:		Generic Name:	
Reason for use:			
Preventative/Prophylactic As-needed	Total quantity of formulated product per treatment:	Total quantity of formulated product used in past year (specify units):	
Date(s) of treatment:			Total number of treatments in past year:
Maximum daily volume of treated water:	Treatment concentration (specify units):	Duration and frequency of treatment(s):	
Method of application: Static Bath Flow-through		Medicated Feed Other (describe):	
Location in facility chemical was used (check all that apply):	Raceways Incubation building	Ponds Off-line settling basin	Other (describe):
Where did water treated with this chemical go? (check all that apply):	Discharged w/o treatment Settling basin	Septic System Publicly owned treatment works	Other (describe):
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments	
Tank Volume	Liters
Desired Static Bath Treatment Concentration	µg/L
Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

Flow-Through Treatments	
Tank Volume	Liters
Calculated Flow Rate	Liters/Minute
Duration of Treatment	Minutes
Desired Flow-Through Treatment Concentration of Product	µg/L
Amount of Product to Add Initially	Liters Product
Amount of Product to Add During Treatment	mL/Minute
Total Volume of Product Needed	Liters Product
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient: Specify Units
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	Specify Units
Maximum % of Facility Discharge Treated	% of Total Discharge

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Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No Changes

Signature and Certification

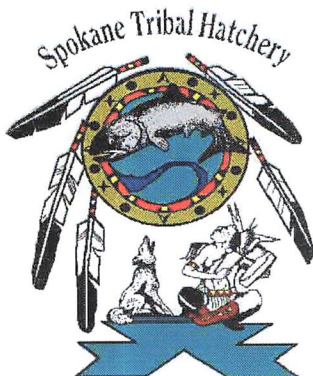
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Tim Peone	Hatchery Program Manager, Spokane Tribe of Indians
Printed name of person signing	Title
	1/6/2021
Applicant Signature	Date Signed

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

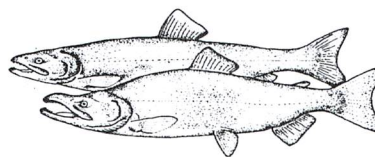
U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140



Spokane Tribal Hatchery

POB 100 • Wellpinit, WA. 99040

Phone (509) 258-7297 • Fax (509) 258-7497 • timpeone@spokanetribe.com



January 11, 2021

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA. 98101-3140

Dear USEPA Region 10:

Subject: Spokane Tribal Hatchery 2020 Annual Report of Operations.

Pursuant to requirements of WAG-130000 United States Environmental Protection Agency
National Pollution Discharge Elimination System Permit for the Spokane Tribal Hatchery, enclosed
is the 2020 Annual Report of Operations (Appendix E format).

Sincerely,

Tim Peone, Manager
Spokane Tribal Hatchery
POB 100
Wellpinit, WA. 99040
(509) 258-7297
(509) 228-7497 fax
timpeone@spokanetribe.com

cc: Brian Crossley, STOI Water Resources Manager